



#19 1/15 AF 3761

Atty. Dkt. No. 050251-0131rce

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Looper et al.
Title: SURGICAL DEVICE WITH
MALLEABLE SHAFT
Appl. No.: 09/785,374
Filing Date: 02/16/2001
Examiner: M. Patel
Art Unit: 3761

<p>CERTIFICATE OF MAILING</p> <p>I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as First Class Mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231, on the date below.</p> <p><u>Christine Koziol</u> (Printed Name)</p> <p><u>Christine Koziol</u> (Signature)</p> <p><u>Jan 7, 2004</u> (Date of Deposit)</p>

**NOTICE OF APPEAL FROM THE EXAMINER TO THE BOARD
OF PATENT APPEALS AND INTERFERENCES**

Mail Stop AF
Commissioner for Patents
PO Box 1450
Alexandria, Virginia 22313-1450

Sir:

Applicant hereby appeals to the Board of Patent Appeals from the decision of the Examiner in the final rejection dated 8 October 2003 rejecting Claims 1, 3-13, 15-21.

- ☐ Applicant claims small entity status.
- ☐ Applicant hereby petitions for an extension of time under 37 C.F.R. §1.136(a) for the total number of months checked below:
- ☒ Notice of Appeal Fee
- ☒ To be paid as detailed below
- ☐ Not required (Fee paid in prior appeal)

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The required fees are calculated below:

<input checked="" type="checkbox"/>	Notice of Appeal Fee	\$330.00
<input type="checkbox"/>	Extension month:	\$0.00
<input type="checkbox"/>	Extension:	\$0.00
	FEE TOTAL:	\$330.00
<input type="checkbox"/>	Small Entity Fees Apply (subtract ½ of above):	\$0.00
	TOTAL FEE:	\$330.00

☒ Please charge Deposit Account No. 06-1450 in the amount of \$330.00 . A duplicate copy of this transmittal is enclosed.

☐ A check in the amount of \$330.00 is enclosed.

☒ The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 06-1450. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 06-1450.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date 7 - Jan. 2004

By 

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